Application or Docket Number												nber	
PATENT APPLICATION FEE DETERMINATION RECOI									09	/&	955	3/_	
Effective October 1, 2000									IA.J	12	0 08 7	04.113	Ø,
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY			THAN]
T	OTAL CLAIMS		30	1 17	(Column 2)		1	TYPE [OR	SMALL		J
	OR .			400.000			RATE	FEE	-	RATE	FEE	ł	
		MUMBER FILED		- NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00		
TC	OTAL CHARGE	少O minus 20=		. 10			X\$ 9=	<u> </u>	OR	X\$18=	180		
	DEPENDENT C	9 minus 3 =		2			X40=		OR	X80=	160		
W	MULTIPLE DEPENDENT CLAIM PRESENT									OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	 	OR		1090	ł
CLAIMS AS AMENDED - PART II 4/28/									<u> </u>	10	OTHER		1
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
۲		REMAINING AFTER		NUM PREVI	BER	PRESENT		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL	
YEN		AMENDMENT		PAID		EXTRA		INIE	FEE		TATE	FEE	
AMENDMENT A	Total	. 28	Minus	• ~	<u>50</u>	a .		X\$ 9=		OR	X\$18=		
¥	Independent • O Minus ••• E)	- 1		X40=		OR	160 0	200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=		
								TOTAL	<u> </u>	OR	TOTAL		
(Column 1) (Column 2) (Column 3)							•	ADDIT, FEE		OR	ADDIT. FEE	200	
AMENDMENT B		HIGH	(Column 2) (Column 3)			•	ADDI-	1		ADDI*	: ;		
		REMAINING AFTER		PREVIO	CUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	· 23	Minua	PAID	FOH ()		ł	***	FEE		••	FEE	:
	Independent	• (0	Minus	•••	, <u> </u>			X\$ 9=		OR	X\$18=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		l
			-				'	+135=	•	OR	+270=		j
	•	,			•			TOTAL COOT, FEE		OR	TOTAL ADDIT, FEE		ŀ
		_(Column 1) _		(Colum	nn 2)	(Column 3)	•	WUII. PEE		•	AUUII. FEEI		
U		CLAIMS: REMAINING		HIGH	ESY	PRESENT	l		ADDI-	1		ADDI-	
Š		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT C	Total	•	Minus .	••	•	2	 	X\$ 9=	FEE		X\$18=	FEE	
ב ב	Independent	•	Minus	***		=	 			OR			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
								+135=		OR	+270=	•	
~1	i the "Kighest Nur	no 1 is less than the ober Pr viously Pe	dd Far' EN THE	S SPACE IS	less that	n 20. enter "20."		YOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
1	n ne Trighest Mun	mber Previously Pa ber Previously Pal	go FOF (Total)	S SPACE II Independe	s tess tha int) is th	n 3, enter "3." Mghest mumbe		_	propriete ba				
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FORM PTO-675

Patient and Tondemark Office, U.S. DEPARTMENT OF CONMERCE.

U.S. GPO: 2000-450-70600100)